

INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.
TX/4-32366A
APPLICATION NO.
10/507,060
APPLICANT
BAENTELI ET AL.
FILING DATE

Group

10507060 - GAU: 1624

U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
/DR/	AA	5,958,935	9/28/99	Davis et al.	514	275	11/19/96
/DR/	AB	6,048,866	4/11/00	Hutchings et al.	514	272	3/13/98
/DR/	AC	6,337,335	1/8/02	Hutchings et al.	514	272	10/20/99
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
/DR/	AM	0 945 443	2/12/03	EP			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AN	95/15952	6/15/95	WO			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AO	96/28427	9/19/96	WO			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AP	98/11094	3/19/98	WO			<input type="checkbox"/>	<input type="checkbox"/>
/DR/	AQ	98/15547	4/16/98	WO			<input type="checkbox"/>	<input type="checkbox"/>

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

/Deepak Rao/

DATE CONSIDERED

03/30/2008

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
/DR/	CA	98/41512	9/24/98	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CB	00/27825	5/18/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CC	00/31068	6/2/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CD	00/33844	6/15/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CE	00/78731	12/28/00	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CF	01/25220	4/12/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CG	01/27089	4/19/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CH	01/29009	4/26/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CI	01/32632	5/10/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CJ	01/47897	7/5/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CK	01/62233	6/7/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CL	01/65656	9/7/01	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CM	02/56888	7/25/02	WO			<input type="checkbox"/>	<input type="checkbox"/>
	CN						<input type="checkbox"/>	<input type="checkbox"/>
	CO						<input type="checkbox"/>	<input type="checkbox"/>
	CP						<input type="checkbox"/>	<input type="checkbox"/>
	CQ						<input type="checkbox"/>	<input type="checkbox"/>
	CR						<input type="checkbox"/>	<input type="checkbox"/>
	CS						<input type="checkbox"/>	<input type="checkbox"/>
	CT						<input type="checkbox"/>	<input type="checkbox"/>
	CU						<input type="checkbox"/>	<input type="checkbox"/>
	CV						<input type="checkbox"/>	<input type="checkbox"/>
	CW						<input type="checkbox"/>	<input type="checkbox"/>
	CX						<input type="checkbox"/>	<input type="checkbox"/>
	CY						<input type="checkbox"/>	<input type="checkbox"/>
	CZ						<input type="checkbox"/>	<input type="checkbox"/>

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